

VERIFICATION OF DISABILITY

DATE:

TO: _____

FROM: Louisiana Housing Authority

RETURN THIS VERIFICATION TO THE ADDRESS LISTED ABOVE

SUBJECT: Verification of Disability

Applicant Name:

ADDRESS:

INSTRUCTIONS: A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP) must complete this form.

This person has applied for housing assistance under the Project Based Voucher (PBV). The U.S. Department of Housing and Urban Development (HUD) requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to Louisiana Housing Authority. Your prompt return of this information will help to ensure timely processing of the application for assistance. The applicant/tenant has consented to this release of information.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature of Applicant _____ Date _____

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

1. ___ YES ___ NO has a disability, as defined in 42 U.S.C. 423, which means:

Under the federal law, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, Human Immunodeficiency Virus infection, mental retardation, emotional illness, drug addiction and alcoholism. This definition doesn't include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use (24 CFR Part 8.3, and HUD Handbook 4350.3, (Exhibit 2-2)).

2. ____YES ____NO Has a physical, mental, or emotional impairment that:

- Is expected to be of long-continued and indefinite duration;
- Substantially impedes his or her ability to live independently; and
- Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

3. ____YES ____NO Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age 22;
- Is likely to continue indefinitely;
- Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
- Results in substantial functional limitation in three or more of the following areas of major life activity:
 - >Self-care
 - >Receptive and expressive language
 - >Learning
 - >Mobility
 - >Self-direction
 - >Capacity for independent living, and
 - >Economic self-sufficiency; and

Name and Title of Person Supplying Information (**A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, LMSW, APRN-BC, NP must complete this form):**

Organization: _____

Signature: _____ Date: _____

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly

requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42